TOLL FREE 1-877-601-2828

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PDC OFFICE USE

BATE FILED PBC

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)								JAN 02 2019				
1.	Lobbyist Name								7	•		
	Ross C.	Baker							_[
	Mailing Address											
	P.O. Box	k 900; MAIL	STOP: D1-PR									
City				State Zip + 4			•			□ Yes X No		
	Seattle				NA		98111		New Address?			
2.	This report is			This report corrects or					Business Telephone prefer (206) 399-4481 (cell)			
	for the period 12 (Dec) (Month) 2018 (Year)			amends the report for (Month)			(Month)	(Year)				
			HAVE MORE THAN	HAVE MORE THAN ONE EMPLOYER								
În	clude all reporta	ble expenditures			the state of the s				Amount attributed to each employer			
		ine	curred during the repo	orting period				7111001110				
Expense Category				TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)		lobbyist's own funds, not reimbursed or attributed to an employer.		Employer No. <u>1</u>	No. <u>2</u>	Employer No		
								Column B	Column C	Column D		
3.	COMPENSATIO period (salary, w		ployer for lobbying this	\$	5,300.00	1		\$ 5,300.00	\$	\$		
4.	refreshments	PENSES for travel,			75.00	\$	75.00					
5.		NT, GRATUITIES, , employees, their i	TRAVEL, SEMINARS amilies (See #15)									
6.	CONTRIBUTION political committee		als, candidates and									
7.	ADVERTISING, LITERATURE	PRINTING, INFOF	RMATIONAL									
8.		S, PUBLIC RELATI NG, ETC. (See #17										
9.	OTHER EXPEN	SES AND SERVIC	ES (See #18)									
10). TOTAL COMPE THIS MONTH	NSATION AND EX	PENSES INCURRED	\$	5,375.00	\$	75.00	5,300.00		\$		
						(Attach additional pa	age(s) <u>if you lobby for mo</u>	re than three employe	rs.)		
11	. EMPLOYERS' NAMES		(B) Virginia Maso	on Me	edical Center							
		No										
12	Subject Ma	tter, Issue or Bill	on or other legislative ac	lative	Committee or Sta	te Agen	cy Considering M	posing. atter Dept of Health \	Employer Repro			
	clinic iss health in	surance and	are reform, Hous medical research	se &	Senate heal staff; Office	th car of the	e & finance d Insurance C	committees mer Commissioner	nbers &	u		
13	3. Of the time sper	nt lobbying, what pe	rcentage was devoted to	lobbyii	ng: the Leg	islature	50% State Agen	cies <u>50</u> %.				

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Employer's name: Date registration ends:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

CERTIFICATION

I certify that this report is true and complete to the best of my knowledge.

>>>>>>>>>>

LOBBYIST SIGNATURE

DATE 1/2/2019

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Lob	byist Name	ss C. Baker	Reporting Period	12(Dec) (Month)	2018 (Year)					
15.	Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediat Show the actual amount incurred for each individual or the amount fairly attributed to each. • Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment. • Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program. • Enrollment and course fees in connection with a seminar or educational program. Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.									
ر جد ۔	Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.		Sponsoring Employer	\$	Amount			
	N/A	Total expenses itemized on attached Memo Reports								
	Continued o	n attached pages.								
16.	If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.									
	<u>Date</u>	Name of Individual or Committee Receiving Contribution	Source	of Contribut	ion		Amount			
12	/5/18	Hilary Franz – Public Lands Commissioner	Self/Personal Funds			\$	75.00			
Total contributions itemized on attached Memo Reports If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information report need not be again included in this L-2 report.) Continued on attached pages. PAC Name.										
17.	directly or i	xpenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that irectly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an tached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.								
18.	Payments	ayments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or sistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).								
	Date	Recipient's Name and Address	Employer for W	/hom Expense was	s Incurred		Amount			
						\$				
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